

## A Pershing Community Learning Center Program

Lincoln Parks & Recreation Presents:



**Pershing Elementary School, 6402 Judson St.**

**For Students in A.M. Kindergarten**

**Hours of operation 11:09 a.m. – 2:53 p.m.**

- Games, stories, songs, field trips, skill building and connection to the school day.
- Program operates everyday LPS is in session.
- Kindergarten Connection is \$125.00 Per Session
- Sliding Fee: (Consideration based on income and size of household) Sliding fee forms are available from the CLC office in the school. Program is approved for TITLE XX
- Payment for first session must accompany completed registration form. You may register for any and all sessions now. Indicate which sessions you want your child to attend. Payment for later sessions is required BEFORE the first day of the session

Session Dates	Payment Due
#1 August 29 – September 23	At registration
#2 September 26 – October 21	Friday, September 23
#3 October 24 – November 23	Friday, October 21
#4 November 28 – December 23	Friday, November 18
#5 January 4 – February 3	Friday, December 23
#6 February 6 – March 3	Friday, February 3
#7 March 6 – April 7	Friday, March 3
#8 April 10 – May 5	Friday, April 7
#9 May 8 – June 1	Friday, May 5

**Register Early! We reserve the Right to limit the number of registrations**

**A minimum of 8 students needed to operate a session**

**For More Information Call 441-7952**

**Register By Mail or bring it in to:**

Playground Office  
F Street Community Center  
1225 F ST  
Lincoln, NE 68508

**Make Checks payable to: Lincoln Parks & Recreation**

**NO REGISTRATIONS OR PAYMENTS WILL BE ACCEPTED AT PERSHING SCHOOL**

### Pershing 2005 – 2006 K- Connections Registration

Participant's Name		Birthdate	
Address		Zip	
Name of Parents / Guardian			
Day Phone (name of person at Day Phone)		Evening Phone	
Another Person to contact in case of emergency			Phone
<small>For and in consideration, the undersigned parent(s) or guardian(s) of the participant in the Pershing CLC Program, I / We agree to assume the full risk of any injuries, including death, or loss which the undersigned or minor child / ward may sustain as a result of participating in any and all activities connected with or associated with such program.</small>			
<small>I / We do hereby declare that I / we waive all claims of whatsoever kind or nature against the City of Lincoln and the Parks and Recreation Department, it's officials, officers, agents, employees and volunteers from any and all claims arising from injuries, including death, damage or loss which I / we or my minor child or ward may incur or may accrue to me or my minor child or ward on account of participation in the activities of this program.</small>			
<small>I / We further agree to indemnify and hold harmless and defend the City of Lincoln and the Parks and Recreation Department, it's officials, officers, agents, employees and volunteers from any and all claims arising from injuries, including death, damages and losses sustained by the undersigned or my minor child or ward or arising out of this program</small>			
<small>I / We have read and understand the above Waiver and Release of All Claims and understand the effect of the relinquishment of the rights hereby waived.</small>			
Signature of Parent / Guardian		Relationship	Date
Session 1	<input type="checkbox"/>	Session 6	<input type="checkbox"/>
Session 2	<input type="checkbox"/>	Session 7	<input type="checkbox"/>
Session 3	<input type="checkbox"/>	Session 8	<input type="checkbox"/>
Session 4	<input type="checkbox"/>	Session 9	<input type="checkbox"/>
Session 5	<input type="checkbox"/>		
Amount enclosed \$ _____		Check # _____	Receipt # _____
<small>Medical Permission: In the event of an emergency, I authorize Parks and Recreation officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.</small>			
Signature of Parent / Guardian		Relationship	Date

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